CHAPTER 113

INSURANCE

SENATE BILL 21-139

BY SENATOR(S) Fields and Simpson, Bridges, Buckner, Danielson, Ginal, Kirkmeyer, Kolker, Lee, Moreno, Pettersen, Sonnenberg, Story, Winter, Garcia;

also REPRESENTATIVE(S) Lontine and Soper, Bernett, Bird, Exum, Hooton, Jackson, Kipp, McCluskie, Michaelson Jenet, Snyder, Titone, Garnett.

AN ACT

CONCERNING REIMBURSEMENT FOR DENTAL CARE SERVICES PROVIDED THROUGH TELEHEALTH.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 10-16-123, **amend** (2)(a), (2)(b)(I), (2)(d), (2)(e)(I), (2)(f), and (3); and **repeal** (2)(g)(I) as follows:

- **10-16-123. Telehealth definitions.** (2) (a) On or after January 1, 2017, A health benefit plan OR DENTAL PLAN that is issued, amended, or renewed in this state shall not require in-person contact between a provider and a covered person for services appropriately provided through telehealth, subject to all terms and conditions of the health benefit plan OR DENTAL PLAN. Nothing in this section requires the use of telehealth when a provider determines that delivery of care through telehealth is not appropriate or when a covered person chooses not to receive care through telehealth. A provider is not obligated to document or demonstrate that a barrier to in-person care exists to trigger coverage under a health benefit plan OR DENTAL PLAN for services provided through telehealth.
- (b) (I) Subject to all terms and conditions of the health benefit plan OR DENTAL PLAN, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider.
- (d) A carrier may offer a health coverage plan OR DENTAL PLAN containing a deductible, copayment, or coinsurance requirement for a health-care service

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

provided through telehealth, but the deductible, copayment, or coinsurance amount must not exceed the deductible, copayment, or coinsurance applicable if the same health-care services are provided through in-person diagnosis, consultation, or treatment.

(e) A carrier shall not:

- (I) Impose an annual dollar maximum on coverage for health-care services covered under the health benefit plan OR DENTAL PLAN that are delivered through telehealth, other than an annual dollar maximum that applies to the same services when performed by the same provider through in-person care;
- (f) If a covered person receives health-care services through telehealth, a carrier shall apply the applicable copayment, coinsurance, or deductible amount to the telehealth services under the health benefit plan OR DENTAL PLAN, which copayment, coinsurance, or deductible amount shall not exceed the amounts applicable to those health-care services when performed by the same provider through in-person care.
- (g) (I) The requirements of this section apply to all health benefit plans delivered, issued, for delivery, amended, or renewed in this state on or after January 1, 2017, or at any time after that date when a term of the plan is changed or a premium adjustment is made.
- (3) A health benefit plan OR DENTAL PLAN is not required to pay for consultation provided by a provider by telephone or facsimile unless the consultation is provided through HIPAA-compliant interactive audio-visual communication or the use of a HIPAA-compliant application via a cellular telephone.
 - **SECTION 2.** In Colorado Revised Statutes, 25.5-5-320, **amend** (7) as follows:
- **25.5-5-320.** Telemedicine reimbursement disclosure statement definition repeal. (7) As used in this section, "health-care or mental health-care services" includes speech therapy, physical therapy, occupational therapy, DENTAL CARE, hospice care, home health care, and pediatric behavioral health care.
- **SECTION 3. Applicability.** This act applies to dental plans issued or renewed on or after the effective date of this act.
- **SECTION 4. Safety clause.** The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Approved: May 7, 2021